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PATENT Drug Corr
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a.j.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/782,751

STEIN A. LUNDBY

Examiner: EDAN ORGAD

Filed: 2/12/2001

For: METHOD AND APPARATUS
FOR POWER CONTROL IN A
WIRELESS COMMUNICATION
SYSTEM

Group No. 2684

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Technology Center 2600

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated December 5th, 2003, please amend the above-identified application as indicated below. Applicant hereby petitions a 1 month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 3/31/2004

Signature: _____

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

04/07/2004 MDAHTE1 00000013 170026 09782751

01 FC:1251 110.00 DA

Attorney Docket No.: 000411
Customer No.: 23696



\$ 2684

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000411
In Re Application of: LUNDBY
Serial Number: 09/782,751
Filed: 2/12/2001
Examiner: E. ORGAD
Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (1) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	11	20	0	x \$18 =	\$0.00
Independent**	7	7	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$110	\$110.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input type="checkbox"/> Three Months	\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$110.00

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to-37-CFR-1-18-inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/31/2004

Signature:

Sandra L. Godsey, Reg. No. 42,589
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San Diego, California 92121-1714
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